U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 2500	2. Fiscal Year Covered From:				
	01/01/04 Through: 12/31/04				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Gregory T. Kipping	Name Laborers International Units of Neith America 186 Labor Organization File Number 019-730				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 409 Brianchiff Drive	Street 106 South Market				
city Water 100	city Water 100				
State IL. ZIP Code +4 62398	State IL. ZIP Code + 4 622 9 8				
5. Position in labor organization. Vice - President	Laborers Local 196				

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

		ith, or derived income or other economic benefit of inization represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
		7.b. Amount.
Street		
City		- 0 -
State ZIP	Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the						
undersigne	d's knowledge and belief, tr	ue, correct, and complete. (See	the section on p	enalties in the instruc	tions.)	
		1/				
Signed	9n-11.	X Thirt	On	8/15/05	618-939-3127	
_		7/		Date	Telephone Number	
						

Name of Person Filing Gre Gory	/ 1.	$\leq p \rho_i$	n6	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, seding or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including	g trade name, if any).		9. Business deats with:				
Name							
Trade Name, if any:			a. Labor Organization b. Trust				
P.O. Box, Bldg., Room No., if any							
Street			c. Employer				
City							
State	ZIP Code + 4						
10. If 9.b. or 9.c. is checked give trust or e	mployer's name.		11.a. Nature of such dea	ing.			
Name							
Trade Name, if any:		:			·		
P.O. Box, Bldg., Room No., if any							
Street			11.b. Approximate dollar va	ue of such dealing.	- 0-		
City			12.a. Nature of interest ha		<u> </u>		
State	ZIP Code + 4						
			12.b. Amount.		-0-		
C. Received from any employer (other or from any labor relations consultant to a	er than an employer co an employer any payme	overed unde nt of money	r parts A and B above) or other thing of value.				
13.a. Name and address of Employer or La (including trade name, if any).	ibor Relations Consultani		14.a. Nature of payment.				
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any		ļ					
Street							
City							
State	ZIP Code + 4						
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.		0-		

Please be advised that based on the records calendar year 2004 I do not have related to the transactions. I am filing this form in order filing for 2004 and the prior 5 years,

Greg T. Kipping 8115/0